

Arizona Substance Abuse Partnership  
Substance Abuse Epidemiology Work Group  
Meeting Minutes: September 12, 2007

- I. Call to Order** by Jeanne Blackburn (acting as Chair in Richard Porter's absence) at 1:36 p.m.

**II. Welcome and Introductions**

Jeanne Blackburn asked the attendees present to introduce themselves and their respective agency/group.

*Epidemiology Work Group Members Present*

Jeanne Blackburn, Governor's Office for Children, Youth and Families, Division for Substance Abuse Policy

Michelle Anderson, Arizona Department of Juvenile Corrections

Jeanne Brandner, Arizona Administrative Office of the Courts

Phillip Stevenson, Arizona Criminal Justice Commission

Wendy Wolfersteig, Arizona Prevention Resource Center, Arizona State University

Gowri Shetty, Arizona Department of Health Services, Tobacco Education Prevention Program

Dennis Embry, PAXIS Institute (via conference call)

Meena Shahi, Arizona Department of Health Services, Department of Behavioral Health Statistics

*Guests*

Emma Kibisu, Arizona Department of Health Services, Behavioral Health Services

Carisa Dwyer, Governor's Office for Children, Youth and Families, Division for Substance Abuse Policy

**III. Announcements**

- Michelle Anderson noted that the agenda did not contain a time for announcements to be made by group members. Jeanne Blackburn indicated that future meetings would allow time for announcements and that the agendas would reflect this change to the meeting structure.
- Michelle Anderson notified the group of the upcoming AZENet conference, entitled "Data: Resources and Solutions," on October 12<sup>th</sup> from 8:00 a.m. – 4:00 p.m. in Chandler, AZ.
- Phillip Stevenson updated the group on the Arizona Youth Survey (AYS):
  - The sampling is almost complete with a desired response of approximately 90,000 students.
  - A budget of approximately \$300,000 includes staff salaries, products, surveys, etc.

- 10 – 15 survey items may be eliminated from the survey.
- The current categories for Rx drugs and sedatives are not mutually exclusive and may be changed to ensure that they do not overlap; the NIDA or Drug Free America examples of Rx drug use may be used as a model for this question.
- The abuse of over-the-counter (OTC) medication may be added as a survey item.
- The age of methamphetamine initiation question may be re-worded for the sake of consistency.
- A web-based version of the AYS may be piloted in some schools to determine whether it would increase response/accuracy rates and/or decrease the amount of time it takes students to complete the survey.
- Increased tribal youth participation will be sought.

#### **IV. Substance Abuse Epidemiology Profile Update**

- Jeanne Blackburn notified the group that the Substance Abuse Epidemiology Profile has been completed, but that approval of the Executive Summary has delayed the release of the document. She indicated that members will be notified when the document is available, both on the website and in print form.

#### **V. Emerging Issues Subcommittee**

- A printed copy of the overview of the Emerging Issues Subcommittee and a proposed member roster were provided to the group members.
- Carisa Dwyer explained the purpose of the Emerging Issues Subcommittee to the group.
- Dennis Embry, Chair of the Emerging Issues subcommittee, was available via conference call. He and the group shared their thoughts and ideas about the purpose and work of the group with one another. Some of the ideas/questions discussed were:
  - How do we identify emerging issues?
  - Gowri Shetty noted that we should pay attention to the relationship of data collection to practice (i.e., is evidence practice-based or is practice evidence-based?).
  - The Director of Tumbleweed would be willing to conduct focus groups in their centers.
  - Meetings should be on a monthly or bi-monthly basis to begin with and then may occur less frequently or as the need arises.
  - Should members of the Epidemiology Work Group also sit on the subcommittee or should the group membership be composed solely of practitioners and community members?

## VI. Methamphetamine Indicator Template

- Jeanne Blackburn asked if anyone brought a completed methamphetamine indicator template to the meeting (a copy of which she had provided via e-mail prior to the meeting); however, because only one group member completed the template, more time was given for members to complete the document and send it to Jeanne. She will send it out to the group when all of the information related to indicators and data collection timeframes has been compiled into one document.

## VII. Future Projects

- The future data role of the Substance Abuse Epidemiology Work Group was discussed in terms of data requests that come into each represented agency (e.g., should the Work Group serve the role of data distributor or should individual agencies continue to field whatever data requests come into their agencies on a case-by-case basis). Some of the group members' thoughts were:
  - Group members noted that data collection requests that come from the Governor's Office (i.e., from the Work Group) get priority within their respective agencies. Therefore, data requests should be routed through the Work Group when possible in order to make sure that they get priority treatment.
  - It is important to remember that members of the group have their own workload and additional data requests are added work.
  - The process of data dissemination should be streamlined when possible.
  - Data requests are themselves data; should the number/type/requestor information be kept/coded and examined? Should all group members report to the group the data requests that they receive?
    - This could be done with a survey instrument that asks questions such as whether anyone has contacted the agency for data and if so, the name/agency of the contact and the type/nature of the data the person/agency was requesting?
- The possibility of mapping substance abuse treatment providers was discussed:
  - How do we define substance abuse treatment providers (e.g., outpatient vs. residential)?
  - The number of service providers in any area may not get at what we want to know (e.g., # of beds; capacity; etc.).
  - Treatment providers may change location frequently or go out of business. Therefore, mapping of treatment providers will only be a "snapshot" in time of the substance abuse services available in Arizona.
  - ACJC may be able to provide mapping capabilities as they also map AYS data (ADHS is the agency responsible for mapping the AYS data for the 2005 and 2007 *Substance Abuse Epidemiology Profile*).
  - Mapping of estimates of individuals seeking treatment may also be beneficial. (Pima County may be a pilot for this process.)

### **VIII. Agency Presentation: Arizona Department of Health Services, Tobacco Education Prevention Program (ADHS, TEPP)**

- Gowri Shetty informed the group that the Tobacco Education Prevention Program (TEPP) is heading in a new direction and that many of the employees in the TEPP are new.
- She also notified the group that the Strategic Planning Process for TEPP will be implemented by January.
- Gowri gave members of the group a strategic plan community forum schedule handout (with a total of 32 community forums scheduled). Forums will address prevention, education, cessation, and secondhand-smoke policies. She also noted that youth focus groups will be conducted in communities in order to determine social influence and norms and how to best reach youth.
- Meena Shahi informed Gowri and the group that Laticia di Amor (of the Arizona Department of Health Services, Division for Behavioral Health Services) has SA Coordination Grant data from focus groups which were conducted on treatment services, age of initiation, etc.

### **IX. Call to Public**

- No one from the public was in attendance.

### **X. Adjournment of Meeting** was made at 3:17 p.m.